

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | AT | | 9-14-00 |
| O.I.P.E. CLASSIFIER | | | 9/20/00 |
| FORMALITY REVIEW | SS | 69134 | 9/20/00 |
| RESPONSE FORMALITY REVIEW | | | 10-25-00 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral).... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date | |
|-------|-------|----------|
| | Final | Original |
| 1 | ✓ | ✓ |
| 2 | ✓ | ✓ |
| 3 | ✓ | ✓ |
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If more than 150 claims or 10 actions
staple additional sheet here

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